

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10-92)

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CLAIMANT'S NAME Andrea McCarthy		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Deputy Press Secretary		CB/D NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY		STATE		ZIP	
CITY		STATE		ZIP	

MONTH YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		
										MILES	AMOUNT		
29-Nov	8am-10pm	SAC-LA-SAC					393.72	air/rc	9.00	24	10.68	5.48	418.88
30-Nov	8pm	SAC-LA	154.01				363.72	air/rc		24	10.68		528.41
1-Dec	1pm	LA-SAC		6.00					21.00		0.00	5.96	32.96
													0.00
											0.00		0.00
													0.00
													0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			154.01	6.00	0.00	0.00	0.00	757.44	0.00	30.00	48	21.36	11.44
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$980.25	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

11-29: Governor attend Zenyatta retirement at Hollywood Park

1-Dec Gov. does LA Auto show presser

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240821

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle

belt usage

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGNATURE OF TITLE OF AUTHOR

DATE

1/4/10